



Practitioner's Docket No. <u>U 013244-1</u>

#### **PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Eran Shmuel WYLER

Serial No.:

09/773,098

Filed: January 31, 2001

Group No.: 2681

Examiner:

Beamer, Temica M.

For:

METHODS AND APPARATUS FOR ANALYZING, PROCESSING AND FORMATTING

**NETWORK INFORMATION SUCH AS WEB-PAGES** 

RESPONSE UNDER 37 C.F.R. 1.116 EXPEDITED PROCEDURE **EXAMINING GROUP** 

Mail Stop AF **Commissioner for Patents** P. O. Box 1450 Alexandria, VA 22313-1450

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### AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

#### CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10\*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

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# **MAILING**

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|       | 37 C.F.R. 1.8(a)                                | 37 C.F.R. 1.10*                          |    |
|-------|---|--|----|
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|       |   | Signature                                |    |
| Date: | September 13, 2005                              | Julian H. Cohen                          |    |

\*WARNING:

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Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).

"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(type or print name of person certifying)

| 1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this ap |  |                      |  |  |  |  |  |  |
|---|--|----------------------|--|--|--|--|--|--|
| NOTE:   | E: Response to Final Rejection—Avoiding Extension Fees "In patent applications wherein a three month Shorte Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two monof the date of the Office Action, If filed within two months, any Advisory Action mailed after the SSP expires will response to expire on the date of the Advisory Action for extension fee purposes, but never more than six months for the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591). |                      |  |  |  |  |  |  |
|   |  |                      | STATUS   |  |  |  |  |  |
| 2.  | The application is qualified as  |                      |  |  |  |  |  |  |
|   | $\boxtimes$  | a small entity.      |  |  |  |  |  |  |
|   |  | other than a small   | entity.  |  |  |  |  |  |
| 3.  |  |                      | FEES   |  |  |  |  |  |
|   |  |                      | EXTENSION OF TERM  |  |  |  |  |  |
| NOTE:   | As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (106 O.G. 34-35) states:  |                      |  |  |  |  |  |  |
|   | "If a timely response has been filed after a Final Office Action, an extension of time is required to permi filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run."   |                      |  |  |  |  |  |  |
|   |  |                      | (complete (a) or (b), as applicable  | )  |  |  |  |  |
|   | (a)  |                      | t petitions for an extension of time<br>C.F.R. 1.17(a)(1)-(4)) for the total | e under 37 C.F.R. 1.136<br>number of months checked below  |  |  |  |  |
|   |  | Extension            | Fee for other than   | Fee for  |  |  |  |  |
|   |  | (months)             | small entity   | small entity   |  |  |  |  |
|   |  | one month            | \$ 120.00  | \$ 60.00   |  |  |  |  |
|   |  | two months           | \$ 450.00  | \$ 225.00  |  |  |  |  |
|   |  | three months         | \$ 1,020.00  | \$ 510.00  |  |  |  |  |
|   |  | four months          | \$ 1,590.00  | \$ 795.00  |  |  |  |  |
|   |  | five months          | \$ 2,160.00  | \$ 1,080.00  |  |  |  |  |
|   |  |                      | Fee: \$_   |  |  |  |  |  |
| If addi   | tional ex  | tension of time is r | equired, please consider this a per  | ition therefor.  |  |  |  |  |
|   |  | (check               | and complete the next item, if app   | licable)   |  |  |  |  |
|   |  |                      |  | ecured and the fee paid therefor or<br>r the total months of extension nov   |  |  |  |  |
|   |  | Extension            | fee due with this request \$_  |  |  |  |  |  |
|   | OR   |                      |  |  |  |  |  |  |
|   | (b)  | tional pet           | ition is being made to provide fo  | n is required. However, this condi-<br>r the possibility that applicant has<br>ition and fee for extension of time |  |  |  |  |

# **FEE FOR CLAIMS**

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|                                      |            |                                      |             |                            |             |                     |       | OTHER THAN A |                     |        |  |
|--------------------------------------|------------|--------------------------------------|-------------|----------------------------|-------------|---------------------|-------|--------------|---------------------|--------|--|
| (Col.1)                              |            |                                      |             | (Col. 2)                   | (Col. 3) S  | SMALL ENT           | ITY S | ENTITY       |                     |        |  |
|                                      |            | laims                                |             |                            |             |                     |       |              |                     |        |  |
|                                      |            | naining                              | 5           | Highest No.                | _           |                     |       |              |                     |        |  |
|                                      |            | After                                |             | Previously                 | Present     | ъ.                  | Addi  |              | D /                 | Addit. |  |
| Amendmer                             |            | endmen                               | ıt          | Paid For                   | Extra       | Rate                | Fee   | OR           | Rate                | Fee    |  |
| Tota                                 | ıl         | *                                    | Minus       | **                         | =           | x \$ 25=            | \$    |              | x \$50 =            | \$     |  |
| Inde                                 | p.         | *                                    | Minus       | ***                        | =           | x \$100=            | \$    |              | x \$200=            | \$     |  |
| □ F                                  | irst Prese | ntation                              | of Multi    | iple Dependen              | t Claim     | + \$180 =           | \$    |              | + \$360 =           | \$     |  |
|                                      |            |                                      |             |                            |             | Total<br>Addit. Fee | \$    | OR           | Total<br>Addit. Fee |        |  |
| WAR                                  | NING:      |                                      | 37 C.F.R. § | number of claims of 1.116. |             |                     |       |              |                     |        |  |
|                                      |            |                                      |             | (complete                  | (c) or (d), | as applicable       | e)    |              |                     |        |  |
| (c) ⊠ No additional fee is required. |            |                                      |             |                            |             |                     |       |              |                     |        |  |
|                                      | -          |                                      |             |                            | OR          |                     |       |              |                     |        |  |
|                                      | (d)        |                                      | Tota        | l additional fee           | e required  | is \$               |       |              |                     |        |  |
|                                      |            |                                      |             | F                          | EE PAYN     | MENT                |       |              |                     |        |  |
| 4.                                   |            | Attached is a check in the sum of \$ |             |                            |             |                     |       |              |                     |        |  |
|                                      |            |                                      |             | ount Noof this transmit    |             |                     | ·     |              |                     |        |  |

## FEE DEFICIENCY OR OVERPAYMENT

NOTE: Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

5. A If any additional extension and/or fee is required, charge Account No. 12-0425

#### AND/OR

If any additional fee for claims is required, charge Account No. 12-0425

## AND/OR

Refund any overpayment to Account No. <u>12-0425</u>.

SIGNATURE OF PRACTITIONER

Julian H. Cohen

(type or print name of practitioner)

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PATENT TRADEMARK OFFICE





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Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

## FIRST AMENDMENT AFTER FINAL REJECTION

In response to the Official Action of July 13, 2005, it is requested that the following amendments be made.

## **CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)**

I hereby certify that this correspondence is, on the date shown below, being:

## **MAILING**

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date: September 13, 2005

### **FACSIMILE**

transmitted by facsimile to the Patent and Taleman Office

JULIAN H. COHEN

(type or print name of person certifying)